

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

29913

FILED SEP 18 1948

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3654

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
247 East 73rd Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. NELLIE B. PEET

3. (b) If veteran, XX name war 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, Widowed
6. (b) Name of husband or wife Lee Peet 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased June 23 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Oswego N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Hotel Operator

12. Name Rev. Wm.C. Beardsley

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Hannah P. Hutchins

15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.F. Kemme

(b) Address 247 E. 73rd Terrace

17. (a) Removal (b) Date thereof 9-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, KCK

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 9-7-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 247 E. 73rd Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1948 hour 8: minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-11 1948, to 9-3 1948
that I last saw him alive on 9-3 1948
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Embolism Duration 36 hrs.
Bleeding

Due to Vegetative endocarditis 6 mo

Due to arteriosclerosis years
Heart Dis. years

Other conditions Modular gaiter

(Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy 938

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature Dr. Bert M. Taylor (M. D. or other)

Address 520 Argyle Date signed 9-9-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Aug 4/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.